

EXHIBIT A

2-02/090.00 - Deputy Sheriffs

Deputy Sheriffs are the main work force from the sworn category, and are responsible for performing a wide variety of law enforcement functions. Deputy Sheriffs must exhibit discretion, a comprehensive knowledge of the law and highest ethical standards. Deputy Sheriffs must be service-oriented and actively assist community members in solving problems and maintaining the peace. Deputy Sheriffs shall be held accountable for their actions and must adhere to Departmental Core Values.

The duties of this classification include the following:

- Protecting life and property;
- Preventing crime;
- Apprehending criminals;
- Investigating reports of crime;
- Managing the care, custody and transportation of prisoners;
- Serving as a bailiff in the municipal and superior courts; and
- Working in an administrative or support function.

In addition to position specific responsibilities, each Deputy Sheriff is accountable for:

- His personal actions and omissions and when reasonable and appropriate, the acts and omissions of his subordinates;
- Fiscal - making every reasonable effort to complete his duties within his assigned shift. Those assignments that require the use of overtime shall be handled in a manner consistent with established overtime guidelines, MOU's and FLSA provisions;
- Delivery of Services - supporting and promoting the Department's Core Values and Service Oriented Policing philosophy;
- Efficient and Effective Operations - being aware of his Unit's mission and goals and actively striving to accomplish these objectives through his actions and statements. reports and notifications shall be complete, accurate and timely;
- Personal - maintaining a professional appearance and demeanor, treating the community he serves in a fair and impartial manner and conducting himself in keeping with the highest ethical standards;
- Risk Management - utilizing officer safety equipment and techniques authorized by the Department in an effort to minimize risk. Utilizing safe driving techniques while driving County vehicles;
- Health and Safety - supporting Unit-level wellness programs and keeping a safe, secure and clean work place;
- Personal Relations - treating every member of this Department, sworn and civilian, with the same dignity and respect that he would expect in return;
- Demeanor/Attitude - by actions and statements, reflecting maturity, objectivity, enthusiasm and a commitment to excellence in accomplishing the mission, goals and programs of the Department;
- Communicative/Interpersonal Skills - encouraging and promoting open constructive relationships with the public, co-workers, subordinates and superiors through understanding, empathy and tolerance. Written and oral communications should be clear and concise;
- Social Skills - demonstrating actions and decisions that reflect consideration of social, cultural and political factors which are important to the Department;

- Self Improvement - maintaining his professional knowledge and skills and remaining current on events that affect the Department and his Unit; and

Innovation - continually evaluating and seeking methods of improving the operation of his Unit.

3-01/030.15 - Conduct Toward Others

Employees shall observe the following rules of conduct:

- Members shall conduct themselves in a manner that will foster the greatest harmony and cooperation between themselves and the Units of the Department;
- Members shall not intentionally antagonize any person with whom they come in contact and shall treat all persons in a respectful, courteous and civil manner;
- Members not otherwise subject to the provisions of section 3-01/110.45, Business Cards, shall provide their full name without delay upon request of any member of the public;
- Deputy personnel issuing traffic citations shall proceed in a courteous, fair, firm, impartial and businesslike manner. They shall scrupulously avoid any display of officious or overbearing attitude and shall not use any language designed to belittle, ridicule or embarrass the violator. Deputy personnel shall avoid any unnecessary loss of time for the violator and make every effort consistent with accuracy to expedite the issuance of the citation;
- In the presence of persons from outside the Department, members shall address Deputy personnel by their rank and civilian personnel by their title (e.g., Mr., Mrs., Miss, Ms.);
- A member shall not at any time or for any reason willfully subject any person or animal to cruel treatment or willfully neglect necessary humane action;
- When referring to the three general groups of employees of this Department, the following terms shall be used:
 - employees classified as "Deputy Sheriff" shall be referred to as "Deputy personnel;"
 - employees classified as "corrections officer" shall be referred to as "corrections officers;" and
 - All other classifications, including uniformed civilians, shall be referred to as "civilian personnel;"
- Members of this Department are prohibited from recording, through the use of digital, audio or video tape, any member of this Department without that member's express consent. Consent is not required to record statements made during a public gathering or in those circumstances in which the parties to the communication reasonably expect that the communication may be overheard or recorded. Pursuant to Government Code Section 3303(g), consent is not required to tape record an officer's interrogation as a result of an administrative investigation.

3-01/000.10 - Professional Conduct

All Department members shall be held accountable for any on-duty or off-duty conduct which has a tendency to adversely affect, lower, or destroy public respect and confidence in the Department, or its members. Conduct unbecoming also includes any conduct which brings the Department or any members into disrepute or brings discredit upon the Department or its members. Department members shall also be held accountable for their utterances, writings, conduct, and visual representations; including electronic and web-based communications, when they conflict with our Core Values, our Mission, or our Creed and personnel can be reasonably identified as Department members.

Personnel who cause undue embarrassment or damage to the reputation of and/or erode the public's confidence in the Department shall be deemed to have violated this policy and shall be subject to counseling and/or discipline up to and including discharge.

Unit commanders shall ensure copies of our Mission, our Core Values, and our Creed are clearly and prominently displayed and maintained in the public lobbies of all Sheriff's Department facilities.

Unit commanders shall ensure copies of our Mission, Core Values, and our Creed are clearly and prominently displayed and maintained within a high-traffic work area in all Sheriff's Department facilities (e.g., briefing room) for viewing by assigned personnel.

Unit commanders shall routinely express to the members of their staff their expectations of honesty, integrity, trustworthiness, and acceptable conduct, including the tenets of the Core Values. The message that shall be conveyed to each employee is, "You are part of something greater than yourself. Don't dishonor it!"

Revised: 7/22/2021

3-01/000.13 - Professional Conduct - Core Values

Members shall conduct themselves in a manner consistent with the Department's Core Values. Members shall not ignore nor contradict the Department's Core Values. Examples of conduct inconsistent with the Department's Core Values include, but are not limited to, the following:

1. Conduct or behavior resulting from a situational outburst of emotion including, but not limited to, the use of profanity and/or other inappropriate, inconsiderate, and/or insensitive language, phrases, or terms of speech;
2. Conduct or behavior that demonstrates a bias, prejudice, and/or intolerance, or demonstrates a trend or pattern of undesirable and/or unprofessional behavior; and/or,
3. Conduct or behavior so egregious that it constitutes a severe and immediate threat to the integrity of the Department and/or jeopardizes the health, safety, and/or welfare of the public including, but not limited to, criminal misconduct of members, and/or the misuse of Department assets, resources, or intellectual property.

Revised: 1/27/2013

3-01/000.05 - Bias - Free Policing

The Department is committed to ensuring that members of the public receive equal protection of the law without bias based on actual or perceived race, color, ethnicity, national origin, religion, gender, gender identity, disability, sexual orientation, or age in accordance with the rights secured or protected by the Constitution or laws of the United States.

Core Values

Lead With Compassion, Serve With Humility And Courageously Seek Justice For ALL. Refer to Manual of Policy and Procedures (MPP) 3-01/000.13, Professional Conduct – Core Values, and MPP 3-01/121.00, Policy of Equality.

These ideals are engrained into our efforts and reflect our Department's continued commitment to Bias-Free Policing. Biased-based policing alienates communities, promotes distrust of law enforcement actions, and undermines legitimate law enforcement efforts. Biased, racial, or identity profiling will not be tolerated by the Department. See MPP 5-09/520.00, Constitutional Policing and Stops.

Definitions

- **Racial or Identity Profiling** - The consideration of, or reliance on, to any degree, actual or perceived race, color, ethnicity, national origin, age, religion, gender identity or expression, sexual orientation, or mental or physical disability in deciding which persons to subject to a stop or in deciding upon the scope or substance of law enforcement activities following a stop, except that an officer may consider or rely on characteristics listed in a specific suspect description. The activities include, but are not limited to, traffic or pedestrian stops, or actions during a stop: pat-down, consensual, and nonconsensual searches of a person or any property, seizing any property, removing vehicle occupants during a traffic stop, issuing a citation, and making an arrest. (Penal Code 13519.4 (e)).
- **Biased-Based Policing** - Is the intentional practice by an individual law enforcement officer who incorporates prejudicial judgments based on actual or perceived race, color, ethnicity, national origin, religion, gender, gender identity, disability, sexual orientation, or age that are inappropriately applied in the performance of their duties.
- **Implicit Bias** - The attitudes or stereotypes that affect a person's understanding, actions, and decisions in an unconscious manner. These biases, which encompass both favorable and unfavorable assessments, are activated involuntarily and without an individual's awareness or intentional control. Implicit biases are different from known biases that individuals may choose to conceal.
- **Bias by Proxy** - Occurs when an individual contacts the police and makes a false or ill-informed claim of misconduct about persons they dislike or are biased against based on explicit racial and identity profiling or implicit bias. When the police act on a request for service of unlawful bias, they risk perpetuating the callers' bias. Department personnel should use their critical decision-making skills, drawing upon their training to assess whether criminal conduct exists.
- **Stop** – Any detention by a peace officer of a person, or any peace officer interaction with a person in which the peace officer conducts a search, including a consensual search, of the person's body or property in the person's possession or control. 12525.5(g)(2) *Government Code*

Detentions and Stops

Department members shall not use actual or perceived race, color, ethnicity, national origin, religion, gender, gender identity, disability, sexual orientation, or age as a factor, to any extent or degree, in establishing reasonable suspicion or probable cause except as part of actual and reliable information and description(s) of a specific suspect or suspects in any criminal investigation. (*Navarette v California*, 572 US 393, {2014}).

Deputies should draw upon their training, and use critical decision making skills to assess whether there is criminal conduct and be aware of implicit and bias by proxy while carrying out duties. Deputies conducting investigative detentions and stops shall:

- Establish reasonable suspicion or probable cause except as part of actual and reliable information and description(s) of a specific suspect or suspects in any criminal investigation;
- Only conduct investigatory stops or detentions when they have reasonable suspicion that a person has been, is, or is about to be engaged in the commission of a crime;
- Not use racial or identity profiling in exercising discretion to conduct a search except as part of an actual and reliable information, and description of a specific suspect or suspects in any criminal investigation;
- Not initiate stops or other field contacts because of an individual's actual or perceived immigration status;
- Not conduct arbitrary searches. The request to conduct a consent search must be reasonable, and a deputy must be able to articulate a valid reason under law and policy for initially having stopped the individual; and
- Only conduct searches of individuals based on probation or parole status when knowledge of a probation or parole search condition has been established.

Persons that are contacted during consensual encounters shall be free to leave at all times and the contact shall be voluntary. A consensual encounter can transform into a detention if a reasonable person believes that they are not free to leave. Refer to MPP 5-09/520.05-Stops, Seizures, and Searches, MPP 5-09/520.15, Consensual Encounters, and MPP 5-09/520.25, Logging Field Activities.

Community Encounters

Department personnel are to interact with members of the public in a manner that is professional, respectful, and courteous. Refer to MPP 3-01/030.15, Conduct Toward Others, MPP 5-09/560.00, Interactions with Transgender and Gender Non-Conforming Persons, and MPP 2-02/090.00, Deputy Sheriffs.

Training

State Mandated:

- *Racial Profiling* – All sworn personnel must attend once every five years. (Penal Code 13519.4(i)).

Department Mandated:

- *Respect Based Leadership* – All personnel must attend once; and
- *Leadership Development institute (DLI)* – All personnel must attend session one (16 hours) once.

Unit Optional Training:

- *Ethics in Community Policing.*

All units shall provide training to personnel, whenever possible, which enhances competence and skills required to meet unit needs. The training may consist of formal training sessions and/or briefings as time and necessity dictates. See MPP 3-02/080.01, Training Requirements for Sworn Personnel.

Department personnel are responsible for knowing the contents of this policy.

Complaints/Supervisory Review

Department personnel who witness, or are aware of incidents of biased policing, shall report the incident to a supervisor.

If a person alleges racial bias, the employee shall call a supervisor to the scene to determine an appropriate course of action.

Sergeants are first-line supervisors with primary responsibility for ensuring compliance with the professional and ethical standards of the Department by all subordinate deputy sheriffs and civilian employees. See MPP 2-02/080.00, Sergeants.

A Department Service Review is an externally initiated supervisory review of the Department's or individual employee's performance. External is defined as those which are received from any member of the public. Department service reviews shall be documented on Service Comment Report forms. The watch commander of the unit shall initiate a service review by immediately interviewing any member of the public who offers a comment. In cases of public input received through the mail or electronic means, the unit commander shall designate a lieutenant to complete the Service Comment Report form. Complaints of racial bias must be noted on the Watch Commanders Service Comment Report (WCSCR) form. See MPP 3-01/122.20, Policy of Equality-Procedures-External Complaint Monitoring, and MPP 3-04/010.05, Procedures for Department Service Reviews.

The unit commander will assess the complaint and determine the disposition based on the evidence. See MPP 3-04/010.25, Personnel Complaints.

Data Collection

All significant public contacts and activity (as defined by section 5-09/520.25 - Logging Field Activities) shall be appropriately logged on the Mobile Digital Computer's Deputy's Daily Work Sheet (DDWS). The Mobile Digital Computer's DDWS logs shall contain only accurate information including, but not limited to, the race of each individual detained or searched, the result of the stop, and the date, time, and location of the stop. See MPP 5-09/520.25, Logging Field Activities.

Assembly Bill 953 (AB 953), also known as the Racial and Identity Profiling Act, was signed into law by the Governor in 2015, enacting section 12525.5 of the Government Code (12525.5 GC). As 12525.5 GC mandates, each state and local agency employing peace officers shall submit specific information, referred to as "stop data," to the California State Attorney General regarding police practices pertaining to racial and identity profiling. The following personnel shall make a "stop data" entry into the Sheriff's Automated Contact Reporting (SACR) system after conducting a stop. They include, but are not limited to, the following:

- Any sworn member working a patrol assignment;
- Any sworn member working a detective assignment, specialized unit, and special task force (OSS, COPS, parole compliance, federal task force, etc.);
- Any sworn member working Department contracted overtime (parades, concerts, movies, sporting events);
- Any school resource deputy; and
- Any sworn member working in a courthouse or custody facility where there is civilian (public) contact.

NOTE: Refer to Field Operations Directive 18-04 Sheriff's Automated Contact Reporting (SACR) System, and Newsletter 18-07 Sheriff's Automated Contact Reporting System (SACR) regarding the above requirements.

This data is collected and sent to the Department of Justice (DOJ) annually as required by law.

3-10/150.00 - Tactical Incidents

The fundamental duty of all Department members is to protect life and property.

Department members shall be guided by sound tactical principles when involved in any tactical incident. The tactics employed by Department members shall be governed by applicable Department policies, accepted training practices, the exigency of the circumstances, and the application of sound judgment and common sense. Adherence to policies, training, and supervision is critical in preventing an unreasonable response to fear and resolving incidents in the safest manner possible. When reasonable under the totality of circumstances, Department members should use de-escalation techniques such as advisements, verbal persuasion, and other force prevention tactics focused on increasing officer and/or public safety. The Department's Core Values, a reverence for human life, and the safety of all parties shall be considered when deciding on a resolution to a tactical incident.

Following any tactical incident, regardless of significance, the conduct of Department members may be evaluated for compliance with established Department policies and state and federal statutes. A primary consideration in determining sound tactics is whether the actions by Department members increase or decrease officer safety, and/or public safety. All Department members shall be prepared to clearly articulate the circumstances which supported their decisions.

NOTE: Tactical incidents include, but are not limited to: responses to crimes in progress, building searches and/or area containment, barricaded suspects, hostage situations, active shooters, foot or vehicle pursuits, pedestrian or traffic stops, missing persons, and any other law enforcement situation where sound principles and tactics should be employed.

The concepts commonly referred to as the six "C"s - COMMAND, CONTAIN, CONTROL, COMMUNICATE, COORDINATE, and CONTINGENCY - shall serve as a guide for all Department members involved.

Tactical incidents commonly share characteristics which must be constantly evaluated and, in most cases, analyzed to ensure a successful conclusion and enhance officer safety in future similar events. A seventh "C" - CRITIQUE - is equally important and shall be performed at the conclusion of any tactical incident.

The scope and sophistication of this critique (commonly referred to as a "debriefing") shall be dictated by the scope and sophistication of the incident. The critique should include a comprehensive analysis of those tactics and techniques which contributed to the success of the operation, while thoroughly evaluating those which proved unproductive. The critique shall be performed in a timely manner (preferably immediately following the event), attended by all involved members and, when appropriate, facilitated by a supervisor. Discretion shall be used by supervisors when critiquing actions which appear to be in violation of Department policy or established law. Supervisors and managers shall make every effort to maintain the technical and tactical proficiency of their subordinates through training, debriefings, tactical discussions, and engaged supervision.

Incident Command

Department members at the scene of, or directly involved in, a tactical incident shall demonstrate regard for incident command. In addition, all Department members have a positive duty to actively provide appropriate coordination and ensure communication is shared among participating Department members.

To ensure clarity, avoid confusion, and minimize risk to those involved, the following list of commonly used leadership/incident command terms and their definitions/significance is provided. All Department members shall expect that their conduct may be evaluated based on their adherence to the following principles.

Command	The exercise of <i>complete authority</i> to direct the actions of others during a tactical incident.
Communication	Accomplished by radio, telephone, direct voice, hand and arm signals, or any other means in which the recipient(s) receives and understands the message and intent.
Contain	A coordinated response for the purpose of isolating and apprehending a person(s) attempting to avoid arrest, detention, or detection, or to locate critically missing person(s).
Contingency	A backup plan or the coordinated process of considering a future, unplanned event.
Control	When a supervisor or Department member is able to communicate with and coordinate or direct the actions of other Department members.
Coordination	When command Department members are able to organize and direct the actions of all Department members at the scene of a tactical operation to reduce friction, eliminate conflict(s), and integrate efforts to achieve a successful resolution to a specific mission.
Critique	A comprehensive debriefing conducted with all Department members involved in an incident to discuss tactics and other issues identified during a tactical operation. The critique should include a comprehensive analysis of those tactics and techniques which contributed to the success of the operation, while thoroughly evaluating those which proved unproductive. The critique shall be performed in a timely manner (preferably immediately following the event), attended by all involved members and, when appropriate, facilitated by a supervisor.

Tactical Dilemma	A choice between two or more disagreeable alternatives. The goal of every adversarial operation is to place the suspect in a position where surrender is likely and resistance is futile. Dilemmas can be created with space or time.
-------------------------	---

High Risk or Armed Suspects

The intent of this section is to increase the safety of Department members and minimize the potential for Department member created jeopardy where Department members place themselves unnecessarily in harm's way.

When dealing with a high risk or suspected armed suspect, Department members shall be cautiously persistent in performing their duties. Consistent with this philosophy, while every situation is not absolute, in many cases, it may be safer to chase to contain rather than chase to apprehend.

This policy shall be considered when assessing the tactical performance of Department members involved in deadly force situations. Moreover, the following specific tactical considerations should be utilized when a Department member is confronting high risk or armed suspects.

Specific Tactical Considerations

Similarly, the following list of definitions and their significance are general principles which shall be considered and/or employed by all Department members involved in a tactical operation (where appropriate).

Concealment	Anything which conceals a person from view.
Cover	Anything which provides protection from bullets or other projectiles fired or thrown. Cover is subjective and its effectiveness depends upon the threat's ballistic capability (handgun, rifle, etc...).
Cover Fire	Target specific controlled fire which is directed at an adversary who poses an imminent and ongoing lethal threat. This tactic shall only be utilized when the use of deadly force is legally justified. Target acquisition and communication are key elements in the successful use of this tactic. Department members employing cover fire must establish their reason(s) for utilizing this tactic.
Tactics	The methods and concepts used to accomplish a particular objective or mission.

Cross Fire	A situation created when Department members find themselves in a position where their field of fire and/or shooting backdrop is occupied by another Department member who may engage the same intended target.
Danger Area	Any area which lacks or has limited cover and avenues of escape and offers a significant advantage to an adversary (doorway, hallway, staircase, alley, open area, etc.).
Designated Shooter	Department members assigned to deploy a firearm to protect other Department members performing a specific mission in an operation and otherwise unable to defend themselves. Designated shooters are responsible for covering a specific threat while other Department members involved in the operation perform specific tasks that may require their weapon be holstered or secured. These specific tasks include, but are not limited to: searches of suspects, arrest teams deployment of less lethal weapons, crowd control, and employees involved in K-9 searches.
Field of Fire	The lane of fire between a shooter and an intended target that will likely be subjected to the impact of fired rounds. A field of fire is not restricted to a direct line between the shooter and intended target, but may be altered as a result of ricochets or skipped or fragmented rounds. A field of fire is limited by the individual characteristics of the weapon deployed.
Fire Discipline	A controlled and measured rate of gunfire, usually two or three round bursts, which emphasizes maximum accuracy and efficiency and is achieved through constant reassessment and target re-acquisition (if necessary).
Independent Action	Any independent act taken outside a plan and/or without communicating or coordinating intentions with other involved Department members.
Kill Zone	An area in which concentrated fire is intended to neutralize an adversary by exploiting terrain and the impact of fire.
Partner Splitting	Partner splitting during a foot pursuit occurs when loss of visual contact, distance, or obstacles, separates partners to a degree that they cannot immediately assist each other should a confrontation take place.
Point of Aim	The specific location the muzzle of a weapon is directed and a fired round is intended to strike.

Shooting Backdrop	An area behind an intended target which may be subjected to the impact of rounds fired from a weapon. A shooting backdrop will rarely be static as it will change as the target and/or shooter change their position and point of aim.
Sight Alignment	When the top of the front sight is even with the top of the rear sight and there is an equal amount of light visible on either side of the front sight combat shooting sight alignment is defined as the use of the front sight blade only and is generally used at close distances, usually under 15 feet.
Target Acquisition	The practice of identifying a specific threat and placing that threat within point of aim or sight alignment.
Tactical Position of Advantage	A position which maximizes the ability to control, monitor, or engage a threat in the safest manner possible.

5-09/070.05 - Emergency Detention

When any person is taken into custody as authorized by section 5150 WIC, he shall be transported to the designated area hospital, psychiatric unit, if bed space is available. Availability may be ascertained by contacting the admitting office of the psychiatric unit by telephone prior to departure to the center.

When bed space is not available at the designated area hospital, the Deputies may be required to transport to the designated back-up hospital.

Admission procedure and necessary paperwork will be the same at both locations. Prior to transporting, the Deputy shall verbally inform the person of information found in the Detainment Advisement on the Mental Health Form (MH 1533).

If the person is admitted, the Deputy shall prepare, or have prepared, the following forms:

- Incident Report (SH-R-49);
- Application for 72-hour Detention for Evaluation and Treatment (Form MH 1533) to be prepared in triplicate with the URN number written in the upper right corner. Distribute as follows:
 - Two copies to the admitting desk; and
 - One copy to be attached to the case report;
- Property Receipt - Hospital to prepare a receipt for the person's personal property and Deputy to obtain a copy the receipt. The URN is to be added to the Department's copy and attached to the case report; and
- Receipt for Transporting Patient - (If issued by the hospital):
 - Original copy to Station/Unit URN file.

When the alleged mentally ill person is refused admittance by the attending doctor at the psychiatric unit, the alleged mentally ill person shall be released from custody and shall be returned to the scene of apprehension. Should he refuse transportation, he may be released at the hospital.

16-003 Calls for Service Involving Alleged Mentally Ill Persons

Los Angeles County Sheriff's Department **FIELD OPERATIONS DIRECTIVE**



CALLS FOR SERVICE INVOLVING ALLEGED MENTALLY ILL PERSONS

PURPOSE

The purpose of this directive is to establish policy and procedures for responding and handling calls for service involving persons who may be mentally ill, while minimizing use of force incidents.

The Lanterman-Petris-Short (LPS) Act, found in sections 5000-5550 of the Welfare and Institutions Code (WIC), deals with involuntary treatment for mentally disordered persons. The LPS Act provides for the involuntary treatment of those persons who are mentally ill that pose a danger to themselves or society, but have not committed a criminal offense. Since there is no underlying criminal offense, the state is functioning in the role of "Parens Patriae" (sovereign power of guardianship over persons with a disability). Sections 5150 WIC and 5585.50 WIC define the scope and authority for detaining persons for an involuntary evaluation and treatment of adults and juveniles, respectively.

General Considerations

When responding to a call involving a person who is believed to be mentally ill, consideration should be given to how that mental illness may affect the individual's ability to comprehend and respond to instructions, commands, and/or the events unfolding around them. Persons who are mentally ill may be entitled to accommodations under the Americans with Disabilities Act (ADA). A mentally ill person who is a danger to themselves may be entitled to such accommodations; however, a mentally ill person who is a "direct threat" to the safety of others does not qualify for accommodations under the ADA. Some possible accommodations are discussed below.

PROCEDURES WHEN ANY PERSON IS IN IMMEDIATE DANGER

The following procedures shall be followed when it is believed any person is in immediate danger:

- Responding units shall be authorized to respond Code 3, including the field sergeant;
- Request and have fire/medical resources respond and stage a safe distance away, as deemed necessary;
- Handle as any other emergency call for service by following the standard Tactical Incidents policy (3-10/150.00, Tactical Incidents); and
- Call for a Mental Evaluation Team (MET) via Sheriff's Communication Center (SCC) when safe to do

so. The station desk shall make a notification to the MET Triage Desk.

PROCEDURES WHEN NO PERSONS ARE IN IMMEDIATE DANGER

If no persons are in immediate danger, but there is an indication of a potential use of force, the following procedures shall be implemented:

Station/Unit Dispatch

- This call for service shall be dispatched as a priority call;
- Keep the caller on the line and give continual updates to field personnel;
- A field sergeant shall be assigned to the call;
- Ensure the field sergeant acknowledges the call;
- If there is an extended response time, authorize Code 3 as appropriate;
- Determine if MET is available through SCC or by having the station desk call the MET Triage Desk; and
- Advise field deputies/units of the MET's availability.

The location of known mentally impaired violent persons shall be entered into the computer aided dispatch (CAD) system as a "hazard" to assist in managing future calls for service. The dispatch/watch deputy personnel shall ensure Crisis Intervention Trained (CIT) personnel are designated on the in-service personnel roster whenever a CIT deputy is assigned to work that shift. Dispatch shall assign a CIT deputy to handle or assist on a call involving mentally ill persons whenever available.

Field Deputy/Unit

- Coordinate the response with assisting units;
- Unless an exigency has developed, briefly stage away from the location of the call to develop a tactical plan;
 - Include the following topics in the tactical plan:
The location's description, circumstances, containment options, ensure appropriate resources are available [i.e., arwen, pepperball, stunbaton, Conducted Electrical Weapon (CEW), O.C., MK-46, video], and assignment of responsibilities, including who will be the designated person that will talk to the patient and consider the other Possible Accommodations listed below.
- Handle as a tactical incident (refer to MPP section 3-10/150.00, Tactical Incidents);
- Deputies tasked with using less lethal resources shall have them ready for use upon arrival at the incident location;
- Request a MET response through SCC when coordinating the call;
- Communicate with the informant, if appropriate;
- When reasonably safe to do so, the handling unit shall contact or designate an assisting unit to contact the MET Triage Desk. This can be done through the CAD system using "MET01" as a recipient. Notification can also be made by calling **(626) 258-3000**, which is available 24 hours a day, 7 days a week, while being mindful of the Department's policy on use of personally-owned mobile phones;
- Assess if the patient owns or has access to a firearm or deadly weapon. An Automated Firearms

Field Operations Directives (FODs) : 16-003 Calls for Service Involving Alleged Mentally Ill Persons

System (AFS) inquiry shall be made to assist with this assessment, whenever possible. If the patient is known to possess, own, or have control of these items, deputies shall confiscate such firearm(s) or deadly weapons pursuant to section 8102 WIC;

- In the event a patient is the subject of a restraining order rising to the potential for gun violence, procedures for a gun violence restraining order shall be followed, if applicable (see Field Operations Directive 16-001, Gun Violence Restraining Order Procedures for more information); and
- At the conclusion of the call for service, provide the pocket planner brochure to the affected family members of the patient. Document in the report that the pocket planner was given to a family member and/or in the log clearance if no report was written.

Field Sergeant

- Unless the field sergeant is handling another field emergency or priority call for service, the field sergeant shall respond to the call and shall be responsible for directing force, when reasonable; and
- If it is determined that contact or continued contact with the individual may result in an undue safety risk to that person, the public, or Department members, disengagement shall be considered. The watch commander shall be consulted and must concur with the decision to disengage.

Watch Commander

- The watch commander shall be advised by dispatch to monitor the incident as appropriate; and
- The watch commander shall make the final decision on whether or not to disengage from the call for service or crisis.

Possible Accommodations

Each situation is different, and all of the following may not be appropriate under the circumstances, but personnel should assess the situation and determine if any or all of the following may help to diffuse the situation:

- Call a MET team;
- Slow down the pace - take the time you need to de-escalate the situation;
- Start with a reasonable and safe distance - avoid an overly "command oriented" presence;
- Only one person should speak at a time to the patient;
- Use body language that projects patience, respect, and concern;
- Avoid sudden movements, especially those directed at the patient;
- Speak calmly using normal conversational volume and tone;
- Listen carefully, avoid interrupting, ask questions, and gain information.
REMEMBER: A lack of response to your direction or instruction may be due to the individual hearing "voices" or being distracted by other hallucinations, auditory or visual stimuli, and not because of resistance or hostility;
- Determine if the informant or family member may or may not be helpful to de-escalation and utilize them as appropriate.
REMEMBER: Mentally ill persons in crisis may respond unpredictably to applications of force and may escalate dramatically; and/or

Field Operations Directives (FODs) : 16-003 Calls for Service Involving Alleged Mentally Ill Persons

- Consider disengagement. This tactic requires consultation with the field sergeant at the scene and shall have the concurrence of the watch commander.

Disengagement

Disengagement is the tactical decision to leave, delay contact, delay custody, or plan to make contact at a different time and under different circumstances. This tactic should be considered when continued contact may result in an undue safety risk to the person, the public, and/or Department members.

MET shall be notified and included as a special request distribution (SRD) on any incident report if one is written, for incidents where disengagement was exercised and the basis of the call was mental health-related.

Application for a 72-hour Detention

When detaining someone under the authority of section 5150 or 5585.50 WIC, sworn personnel shall complete the, "Application for 72-Hour Detention for Evaluation and Treatment" form (MH-302). In the spaces provided, sworn members must clearly and objectively describe what led them to conclude that the patient met the criteria of section 5150 or 5585.50 WIC.

The information stated on the form also establishes that the deputy had probable cause for taking the individual into custody. All sections of Form MH-302 must be completed. A copy of the form shall be left with the hospital and a copy shall be attached to the incident report. The URN number shall be placed on all copies.

A copy of the AFS inquiry results for the patient shall be included with the incident report documenting whether or not the patient has/had firearms registered to them. MET Triage Desk notification shall be noted in the incident report and "MET" shall be indicated as the SRD for the report.

Transporting 5150 or 5585.50 WIC Patients

The decision to transport a 5150 or 5585.50 WIC patient to a designated facility or to wait for a MET is the responsibility of the handling deputy.

The law requires that 5150 or 5585.50 WIC patients be transported to facilities that are designated for the reception of 5150 or 5585.50 WIC patients. LAC+USC (LCMC), Harbor/UCLA General Hospital, and Olive View Medical Centers are the "designated" public facilities for Los Angeles County.

Patients that have not been charged with a crime shall not be transported to a Sheriff's station or jail facility.

Whenever any person is taken into custody as authorized by section 5150 and/or 5585.50 WIC, they shall be transported to a designated psychiatric facility by no less than two deputies, with the exception of a MET unit when they are staffed with a non-sworn mental health professional.

Deputies shall request an ambulance to transport persons with a mental illness only if:

- The person is violent and requires restraint to the extent that he or she must be transported in a recumbent position; and

Field Operations Directives (FODs) : 16-003 Calls for Service Involving Alleged Mentally Ill Persons

- The person is injured or physically ill and is in need of immediate medical attention.

When a person with a mental illness (patient) is transported by ambulance, at least one deputy shall ride in the ambulance with the patient if detained on a 5150 WIC "hold."

ATTACHMENTS

List of Designated Psychiatric Facilities:

LASD Pocket Planner brochure http://intranet/intranet/announcements/LASD_CARES.pdf

REFERENCES

Americans with Disabilities Act, Title II Regulations, Part 35 Nondiscrimination on the Basis of Disability in State and Local Government Services, published September 10, 2010, Section 139, Direct Threat.

Manual of Policy and Procedures, section 5-09/070.05, Emergency detention - Provides supplemental procedural guidance.

Manual of Policy and Procedures, section 5-09/180.05, Mentally Ill Persons (Confiscation of weapons) - Provides supplemental procedural guidance.

Manual of Policy and Procedures, section 4-16/010.00, Mentally Ill Persons (Case assignment) - Provides supplemental procedural guidance.

Manual of Policy and Procedures, section 3-10/150.00, Tactical Incidents – Provides general guidance on handling of tactical incidents.

Manual of Policy and Procedures, section 3-01/100.46, Use of Communication Devices – Provides restrictions to the use of personal mobile phones for official use.

Field Operations Directive 16-001, Gun Violence Restraining Order Procedures

LASD Newsletter #81 Automated Firearms System (Update)

Replaced FOD 92-02, Alleged Mentally Ill Persons

16-12 - Terms and References Related to Calls Involving Alleged Mentally Ill Persons

Los Angeles County Sheriff's Department NEWSLETTER

Field Operations Support Services, (323) 890-5411



TERMS AND REFERENCES RELATED TO CALLS INVOLVING ALLEGED MENTALLY ILL PERSONS

The following terms and references are related to topics covered in the Field Operations Directive 16-003 Calls for Service Involving Alleged Mentally Ill Persons.

MENTAL EVALUATION TEAMS

The Sheriff's Department maintains several Mental Evaluation Teams (MET). These teams are assigned to the Special Operations Division. Each team consists of a deputy sheriff who is specially trained in mental health issues, along with a non-sworn mental health professional. MET is available to assist field deputies in the handling of calls involving the mentally ill and can be contacted through SCC by requesting a "Sam 918" unit. MET services are not available at all hours, but can be contacted only by LASD personnel at (626) 258-3002 for general information during normal business hours.

PATIENT

For purposes of related newsletters and Field Operations Directives, a patient is a person who is suspected to be mentally ill by field personnel. The term is used to describe the intended disposition of the alleged mentally ill person to be subsequently transported to a mental health facility for evaluation and/or treatment. The term patient, subject, and mentally ill person are used interchangeably.

DISENGAGEMENT

Disengagement is the tactical decision to leave, delay contact, delay custody, or plan to make contact at a different time and under different circumstances. This tactic should be considered when continued contact may result in an undue safety risk to the mentally ill person, the public, and/or Department members. The decision to exercise this option can be initiated by the field unit but requires consultation with the field sergeant on scene, and shall have the concurrence of the watch commander.

§5150 & 5585 OF THE WELFARE AND INSTITUTIONS CODE (WIC)

FOSS Newsletters : 16-12 - Terms and References Related to Calls Involving Alleged Mentally Ill Persons

The authority to take a mentally ill adult into custody is found in Section 5150 WIC, and the authority to take a minor into custody is found in Section 5585 WIC. Deputies do not need the consent of a parent or guardian to place a "hold" on juveniles meeting the criteria for 5585 WIC. Both state, in part:

"When any person, as a result of mental disorder, is a danger to others, or to himself, or gravely disabled, a peace officer (or other specified person)...may, upon probable cause, take...the person into custody and place him or her in a facility designated by the County and approved by the State Department of Mental Health as a facility for 72-hour treatment and evaluation."

Sections 5150 & 5585 WIC establish two elements. Both must be present before a patient may be lawfully detained:

- The person must be a danger to self, a danger to others, or be gravely disabled; and
- The person must fall into one of these categories by reason of mental disorder.

While a psychiatric diagnosis of mental illness may only be done by persons holding the necessary credentials, the law only requires that a peace officer have "probable cause" to believe that the person has a mental disorder. A mental disorder is simply a behavior pattern that causes suffering or impairs a person from functioning in ordinary life and is considered socially or developmentally abnormal. This standard is much lower in comparison. The Welfare and Institutions Code §5150.05(a)-(d) requires relevant information, including information provided by the patient or the patient's family about the historical course of a patient's mental disorder, be considered when determining whether probable cause exists to involuntarily detain a person for 72-hour treatment and evaluation. To avoid over-representing a deputy's qualification to assess mental illness, report writing language similar to "...as a result of the above, I formed a reasonable person's opinion that the patient possessed a mental disorder" may be used.

For clarification, several conditions may result in a person being a danger to self, danger to others, or gravely disabled that are not the result of a "mental disorder" as the term is commonly understood. Alzheimer's disease, dementia, organic brain disorders, and other forms of physical brain damage are examples of these conditions. A patient may be detained based on behavior pursuant to 5150 WIC regardless if the root cause is a mental disorder or an organic brain disorder. The authority to involuntarily detain a person for treatment is a legal one. The California Attorney General has issued a formal legal opinion that such individuals may fall under the provisions of 5150 WIC.

ENTRY INTO THE LOCATION OF A 5150 OR 5585 WIC PATIENT

The question of what to do with a 5150 or 5585 WIC patient inside a location often arises. The very nature of 5150 & 5585 WIC suggests exigent circumstances of varying degrees that could justify intrusive actions by law enforcement which would otherwise be viewed as a violation of a person's constitutional right of privacy. The standard for intrusive behavior by law enforcement in removing a patient should be based on the extent to which that person poses a threat to himself or others. The immediate need to take action must outweigh the person's privacy interest.

Mentally ill patients who are a danger to themselves as a result of being "gravely disabled," e.g., refuse to eat or refusal to obtain routine medical care, usually do not require immediate actions by law enforcement. MET should be consulted in these cases. The Los Angeles County Department of Mental Health ACCESS Center can also be contacted at (800) 854-7771. If it is determined that the person has become a danger to

FOSS Newsletters : 16-12 - Terms and References Related to Calls Involving Alleged Mentally Ill Persons

themselves by becoming severely gravely disabled and are in imminent danger of dying, deputies may take appropriate action to gain entry into the location for lifesaving purposes.

EMERGENCY DETENTION

When taking an alleged mentally ill individual into custody under the authority of 5150 or 5585 WIC, an Incident Report (SH-R-49) must be completed. The report must contain sufficient facts to establish all elements of 5150 or 5585 WIC. Indicate the action taken by the deputy, the location of first contact, and the accepting facility where the patient was examined. If the patient lives alone, indicate who secured the premises, if applicable

Section 5150 WIC requires that a peace officer, when taking an individual into custody, must provide certain information to the individual. This statement is included on the *"Application for 72-Hour Detention for Evaluation and Treatment"* form MH-302. The patient must be verbally advised of the following:

"My name is _____. I am a deputy sheriff with the Los Angeles County Sheriff's Department. You are not under criminal arrest, but I am taking you for examination by mental health professionals to (name of facility). You will be told your rights by the mental health staff."

After advising the individual, complete the section at the top of form MH-302. If advisement is not possible, note the reason on the form.

In cases of mentally ill conservatees with commitments to mental institutions, conservators may request a peace officer to detain their conservatee and return them to the facility in which he/she was placed or to transfer such person to a County designated treatment facility, pursuant to §7325 WIC. This request shall be in writing and accompanied by a certified copy of the letter of conservatorship verifying that the person requesting the detention and transfer is the appointed conservator of the person sought to be detained.

When taking an individual into custody, care must be taken to protect the personal property in possession of the individual. If possible, those items should be turned over to a responsible relative, guardian or conservator. If this is not possible, the premises should be locked and items in the person's possession safeguarded until they are turned over to staff at the mental health facility or other responsible person. These efforts should be documented in the Incident Report (SH-R-49).

APPLICATION FOR 72-HOUR DETENTION

When detaining someone under Section 5150 or 5585 WIC, the deputy must complete form MH-302, *"Application for 72-Hour Detention for Evaluation and Treatment."* In the spaces provided, the deputy must describe clearly and objectively what led them to conclude that the patient met the criteria of 5150 or 5585 WIC.

The information stated on the form also establishes that the deputy had probable cause for taking the individual into custody. All applicable sections of Form MH-302 must be completed. A copy of the form shall be left with the hospital and a copy shall be attached to the Incident Report (SH-R-49). The URN shall be placed on all copies.

PRIVATE MENTAL HEALTH FACILITIES

It is permissible but not practical for deputies to transport 5150 & 5585 WIC patients to designated private facilities. The private facility may accept a patient because the patient's doctor is on the staff, or the facility accepts the patient's medical insurance plan and has bed space available. Private facilities should be contacted prior to transporting the patient to ascertain that the facility can or will accept the patient. Private facilities are under no obligation to accept the patient.

ACCEPTANCE OF PATIENTS

Two provisions of the Welfare and Institutions Code govern the acceptance of 5150 & 5585 WIC patients at designated facilities and the amount of time that handling deputies may be delayed at the facility while transferring patients:

- Section 5150.1 prevents designated facilities from turning away a patient who has been transported to the facility for evaluation by a peace officer.
- Section 5150.2 prevents a designated facility from delaying the transporting peace officer longer than is needed to complete the required documentation (form MH-302) and the "safe and orderly transfer of physical custody" of the patient.

Deputies should maintain supervision of the patient until the receiving psychiatric facility assumes custody. Deputies are not required to remain at the designated facility pending any mental health evaluation of the patient. The designated facility is not required to keep the patient for the maximum 72-hour period. After assessment, if the facility concludes that continued detention is not necessary, the facility may release the patient.

TRANSPORTING TO DESIGNATED PSYCHIATRIC FACILITIES

Deputies may not detain a patient pursuant to 5150 or 5585 WIC and transport that person to a private facility that is not a "designated psychiatric facility." An exception is where a "private designated facility" accepts a patient and arrangements have been made in advance. Please consult MET for a list of these "private designated facilities." The statute mandates that the person detained be taken to a designated psychiatric hospital. Any other psychiatric facility can neither accept, nor hold, patients under this section of law. See the attachment for a list of designated psychiatric facilities.

If a person wishes to be admitted voluntarily to a non-designated private psychiatric facility, deputies may provide transportation if medical transportation is unavailable or delayed. Deputies shall consider whether the patient meets the criteria of Section 5150 or 5585 WIC prior to undertaking this course of action. Patients admitted to these private facilities are not subject to involuntary detention. In this case, a patient who may be a danger to themselves or others may leave the facility without supervision.

MEDICAL HOSPITAL EMERGENCY ROOMS

Medical hospital staff often have contact with mentally ill patients who arrive at their facility by conventional means (ambulance, fire dept. transport, private vehicle). The hospital has an obligation to provide appropriate medical and mental health services to that individual. This is a responsibility of the hospital and not to deputy personnel, should they be called. The hospital emergency room or department (E.R.) has the responsibility for

FOSS Newsletters : 16-12 - Terms and References Related to Calls Involving Alleged Mentally Ill Persons

arranging mental health care, usually through a contracted psychiatric evaluation team. Refer to the Health and Safety Code, Section 1799.111 for further information.

If a mentally ill person has been transported to a medical hospital due to a serious self-inflicted physical injury or illness, the E.R. staff should be informed of any observations of mental illness such as suicide attempt. The notification, pertinent facts, and names of staff members who treated the patient should be indicated in an incident report.

When deputies have determined a patient is to be held on a 5150 WIC "hold" and transport this patient (via ambulance or radio car) to any medical facility (E.R.), they must remain with the patient to ensure proper detention and delivery to a psychiatric facility.

CRIMINAL OFFENSES BY 5150 OR 5585 WIC PATIENTS

Deputies shall be cognizant that the standards for 5150 & 5585 WIC commitments are different from standards considered for an "insanity defense." The fact that a person falls within the provisions of 5150 or 5585 WIC does not render them incapable of committing a crime.

MET is a specialized resource that primarily deals with incidents involving alleged mentally ill persons in crisis. The fact MET responds to an incident does not give them the obligation of the final disposition of the suspect. Station/unit personnel have the primary responsibility of the suspect, particularly in cases where a crime was committed by the alleged mentally ill suspect.

When mentally ill suspects are arrested for a criminal offense where prosecution is desired, they should be processed in the same manner as any other arrestee. The apparent mental illness should be noted in the incident report. If a mentally ill suspect is injured or declares a medical condition, the handling unit should obtain medical evaluation and/or treatment for this person prior to transporting to a custody facility for psychiatric evaluation.

Mentally ill adults who are arrested should be transported to the Inmate Reception Center (IRC) for males, and Century Regional Detention Facility (CRDF) for females. This is to ensure that they receive appropriate medical evaluation or treatment. The placing of the individual in criminal custody does not prevent them from receiving psychiatric assistance. Forensic psychiatric services (evaluation and treatment) are available for inmates in the custody of the Los Angeles County Sheriff's Department.

In cases of juveniles that are detained on a 5585 WIC hold with criminal charges, they should not be transported to the nearest locked intake Probation Department facility unless the juvenile is medically and psychologically cleared, if applicable. The Los Angeles County Mental Access Line or a designated psychiatric facility should be contacted to ascertain a vacancy for a juvenile on a 5585 WIC hold with criminal charges prior to transporting the juvenile. See the attachment for a list of the designated psychiatric facilities and locked intake Probation Department facilities.

Under Penal Code Section 4011.6, an individual in criminal custody may also be diverted for psychiatric evaluation and treatment. If applicable, courts can order the inmate to be moved out of the criminal justice system and into the civil courts for that purpose.

CONFISCATION OF WEAPONS

FOSS Newsletters : 16-12 - Terms and References Related to Calls Involving Alleged
Mentally Ill Persons

Whenever a person who has been detained or apprehended for examination of his or her mental condition, pursuant to 5150 or 5585 WIC, is found to own, have in his or her possession or under their control, any firearm, or any other deadly weapon, the firearm or deadly weapon shall be confiscated pursuant to 8102 WIC.

Typically, when a patient has been admitted into a psychiatric facility as a danger to themselves or others on a 5150 WIC "hold," they are restricted from having in his or her possession, custody or control, any firearm or any other deadly weapon for a period of five years, unless a certificate of successful court petition was issued to the patient (refer to Section 8102 and 8103 WIC). Deputies should verbally advise patients of return and restriction procedures for confiscated firearms and note the advisement in their report.

The procedures for handling confiscated weapons for persons that are committed or have a guardian appointed may be found in the Manual of Policy and Procedure §5-09/180.05, POSSESSION CONFISCATION AND RELEASE OF FIREARMS - MENTALLY ILL PERSONS.

Information regarding the content of this newsletter may be directed to [Field Operations Support Services](#).

Designated Psychiatric Facilities for Los Angeles County

Harbor/UCLA Medical Center.....Hospital (Main) (310) 222-2345
1000 W. Carson St. Psychiatric E.R. (310) 222-3144
Torrance, CA 90509 Psychiatric Inpatient Unit -3292
CSB site dispatch (310) 222-3311
Olive View Medical Center.....Hospital (Main) (818) 364-1555
14445 Olive View Dr. Psychiatric E.R. (818) 364-4340
Sylmar, CA 91342 Psychiatric Inpatient Unit -4433
CSB site dispatch (818) 364-3409
Los Angeles County + USC Medical Center.....Hospital (Main) (323) 409-1000
1983 Marengo St. Adults -Psychiatric E.R. (323) 409-7085
Los Angeles, CA 90033 Juveniles - Pediatric E.R. (323) 409-3601
CSB site dispatch (323) 226-3333

Probation Department Intake facilities for Juveniles cleared of 5585 WIC holds

Central/Eastlake Juvenile Hall.....Intake Detention Control (IDC) (323) 226-8506
1605 Eastlake Ave.
Los Angeles, CA 90033
Barry J. Nidorf/Sylmar Juvenile Hall.....Intake Detention Control (IDC) (818) 364-2030
16350 Filbert St.
Sylmar, CA 91342

FOSS Newsletters : 16-12 - Terms and References Related to Calls Involving Alleged
Mentally Ill Persons
